

**First Steps Service Provider
Face to Face Summary Sheet**
Revision 10-15-02
Sample of Information Gathering Tool



Child's Name: _____ **Date:** _____

Time of Arrival: _____ **Time of Departure:** _____

Location of service: _____
Street address City

IFSP Outcome to be addressed: _____

Result of Visit:

Follow-up Needed:

Family Education/Involvement:

Next Scheduled Session: _____
Day Date, Time, Location

Please note if there have been any cancelled sessions (and not rescheduled) in between this visit and your last visit.

☐ Yes, the provider needed to cancel the session scheduled for _____.
Date

☐ Yes, I (the parent) needed to cancel the last session scheduled for _____.
Date

My signature certifies that the activities identified above occurred at the time and location indicated and that _____ minutes/hour of direct service were provided to my child/family.

Parent Signature Date Telephone

Provider Signature Date Telephone

Note: The parent is to be provided with a copy of the completed form.